Kentucky Board of Speech-Language Pathology and Audiology
P.O. Box 1360
Frankfort, Kentucky 40602
(502) 564-3296

Application for Continuing Education Program Approval

1. Sponsoring Agency: _____

2. Agency Contact Person: _____ Telephone: ( ) _____

3. Address: _____
   Street
   _____
   City State Zip Code

4. Program Title: _____

5. Date(s) of Program: _____ Number of hours applying for: _____

6. Area of Content *(please check all that apply)*:
   Speech-Language Pathology
   Audiology
   Speech-Language Pathology Assistant

7. ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:
   (Please be advised, applications received without the requested information will be returned)

   a published course or seminar description;
   names and qualifications of the instructors;
   a copy of the program indicating hours of education including coffee and lunch breaks.

8. Has this program been approved by another agency? If so, list agency: _____
   _____

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BOARD RESPONSE:

APPROVED AS REQUESTED FOR _____ HOURS.
PARTIALLY APPROVED FOR _____ HOURS.
APPROVED FOR TWO HOURS IN A RELATED AREA.
NEED ADDITIONAL INFORMATION FOR REVIEW: _____
_____
DENIED CONTINUING EDUCATION CREDIT. COMMENTS: _____
_____

DATE REVIEWED: _____ BOARD MEMBER INITIAL: _____